

PLACE OF BIRTH

1. County of Pima
 District of Rice
 Town of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 175

County Registrar No. _____

Local Registrar No. _____

City of _____ or _____
 No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Kee If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth 3-24-27
 Month day year

FATHER		MOTHER	
8. Full name	<u>Samuel Kee</u>	14. Full maiden name	<u>Bessie Miller</u>
9. Residence (Usual place of abode)	<u>Rice Ariz</u>	15. Residence (Usual place of abode)	<u>Rice Ariz</u>
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race	<u>1/4 Indian</u>	16. Color or race	<u>1/4 Indian</u>
11. Age at last birthday <u>43</u> (Years)		17. Age at last birthday <u>37</u> (Years)	
12. Birthplace (city or place)	<u>Rice Ariz</u>	18. Birthplace (city or place)	<u>Rice Ariz</u>
(State or country)		(State or country)	
13. Occupation <u>Common Laborer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	

20. Number of children of this mother taken as of time of birth of child herein certified and including this child. (a) Born alive and now living 5 (b) Born alive but now dead 4 (c) Stillborn 2 21. Were precautions taken against ophthalmia neonatorum? no

Reprint CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was born alive at 4 a m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., could make this return. A stillborn child one that neither breathes nor shows other evidences of life after birth.
 1 name added from supplemental report

Signature

Address

Filed _____ 19____

Filed _____ 19____

Registrar.

Month, day, year.

R. H. Sawyer
 (Physician or midwife)

R. H. Sawyer
 Local Registrar.

County Registrar.

325-324-249